



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

Albenza<sup>®</sup> (albendazole) and Emverm<sup>®</sup> (mebendazole)  
**Effective 10/01/2016**

**Prior Authorization Request Form**

- 1.) Requests to treat an indication of *Enterobius vermicularis* (pin-worm) shall require documentation indicating failure of a recent treatment course of Pin-Ex (pyrantel pamoate). This treatment course shall consist of no fewer than 2 doses taken within 2 weeks of each other.
- 2.) Prior authorization requests for indications other than pinworm may be approved for FDA approved or common off-label indications. Diagnoses must accompany all requests; unrecognized off-label requests may require supporting literature references.

**References**

- 1.) Lexi-Comp drug monographs for Albenza, Emverm and Pin-EX (Reviewed 8/17/2016)
- 2.) PL Detail-Document, Pinworms (*Enterobius vermicularis*). Pharmacist's Letter/Prescriber's Letter. May 2016.
- 3.) CDC. Parasites – *Enterobiasis* (also known as pinworm infection). [http://www.cdc.gov/parasites/pinworm/health\\_professionals/](http://www.cdc.gov/parasites/pinworm/health_professionals/) (Reviewed 8/17/2016)